



**QUALIFICATIONS OF RADIOACTIVE MATERIALS USER
UNIVERSITY RADIATION SAFETY OFFICE**

Name:	Dept:
Authorized User:	Dept. Chair:
Phone No.:	E-mail:
Applying for Status of:	

Experience with using Radioactive Materials: Start with the most recent experience.:

Institution:	Location:
Isotopes and Activity Used:	Purpose of Use:
Period of Time [from/to]:	Duration of Use:

Institution:	Location:
Isotopes and Activity Used:	Purpose of Use:
Period of Time [from/to]:	Duration of Use:

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Isotopes and Activity Used:	Purpose of Use:
Period of Time [from/to]:	Duration of Use:

Training or Education Related to Radiation Sources

Training or education addressing any of the following topics: 1) storage, transfer, or use of sources of radiation in the workplace; 2) the health effects associated with exposure to radiation to the individual and offspring, precautions or procedures to minimize exposure, and the purposes and functions of protective devices; 3) applicable provisions of Ohio (or other federal/state/institutional) rules and conditions for radiation protection; 4) the individual's responsibility to promptly report any condition that may be, lead to, or cause a violation of Ohio (or other federal/state/institutional) rules or an unnecessary exposure to radiation; 5) appropriate response to unusual events or occurrences or equipment malfunctions,; 6) accessibility to radiation dose reports .

Wright State Radiation Safety Training/Date
Institution/Date of Training:
Institution/Date of Training:

I understand that this information is subject to inspection by the Ohio Department of Health. The information will be maintained and used by the Radiation Safety Committee as required by state regulations. Release of this information for other use requires my written authorization if I am personally identified.

Applicant	Date	Authorized User	Date
Dept. Chair	Date	Radiation Safety Officer	Date
Chair, Radiation Safety Committee	_____		Date _____